

**ARIZONA DEPARTMENT OF GAMING
APPLICATION FOR RENEWAL CERTIFICATION**

Date _____

The undersigned hereby makes application for an Arizona Department of Gaming Certification:

1. Name _____
Name of applicant entity (business enterprise)

Street Address _____ Telephone _____

City/State/Zip Code _____ Fax # _____

E-Mail Address _____

Mailing Address _____
Indicate only if different than above (include city/state/zip code)

Main Office _____
Indicate location only if different than above (include city/state/zip code)

Contact Person _____
Name Position Title

(a) Trade name to be used _____

(b) If application is to replace a certification obtained under another name at the same location, state former name:

(c) Type of services to be provided: (Check any of the following that apply)

☐ Services (must specify type) _____

2. Tribal Gaming Facility _____ Tribal Gaming License # _____

3. Applicant type: (Check one of the following)

☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietorship

Federal Tax I.D. Number _____

4. Complete the following: (if the applicant is a partnership or limited liability company, furnish comparable information)

(a) State of incorporation/organization _____ Date _____
(If incorporated out of state, you must attach a letter of good standing from the state where incorporated)

(b) A general description of the nature of the business. (Attach a separate page, if necessary) _____

4. (c) Sales agreements and contracts with Native American Tribes for the most recent 12 month period, including any pending sales agreements or contracts since the last State Certification:

NAME OF TRIBE	LOCATION	PURPOSE	TERMS

5. List any changes in the tax reporting status the company has for the State of Arizona since the last State Certification.

State ID Number	Tax Type	Filing Status/list Month Current Or Past Due	Amount of Tax Liability, if Past Due

6. List gaming licenses issued or pending with other jurisdictions since the last State Certification: _____

7. Provide the contact person's name, telephone number and mailing address, who is responsible for your company's accounts payable and billing questions:

8. Provide a list of civil and or criminal litigation that the company has had to defend, provide a response, has been named as a co-defendant, or has had any of its employees give depositions for civil or criminal proceeding since the last State Certification.

9. Has the company or any of its employees been denied, suspended, revoked or had a license and or permit under review to conduct business with Tribal Casinos or any of the Federal, State or any Government regulated Casinos in or outside of the United States since the last State Certification? Yes ☐ No ☐

10. The applicant **must provide** with this application, copies of all contracts/sales agreements relating to business conducted with Indian Gaming Facilities in Arizona since the last State Certification along with a \$500 filing fee.
11. **The Tribal-State Compact requires the payment of all fees or costs of investigation of the applicant prior to granting State Certification.** The amount of such fees and costs vary on a case by case basis and often exceed the initial application fee. Monthly invoices are submitted by the Department to the applicant for such fees and costs, and must be paid in full before the certification process can be continued or completed.
12. **This application may not be withdrawn without the permission of the Arizona Department of Gaming.**

The obligations and informational requirements in this application are for purposes of the certification process with the Arizona Department of Gaming. The applicant is responsible for the adherence to any and all additional relevant federal, state, or tribal laws and regulations.

State of _____)
) ss.
County of _____)

I, _____, being duly sworn, depose and say that the above statements are true and correct to the best of my knowledge and belief that this application is executed with the knowledge that false or incomplete answers could result in criminal prosecution and denial, or subsequent revocation, of state certification by the Arizona Department of Gaming. Further, I am voluntarily submitting this application under oath with full knowledge that it will be reviewed by appointed Tribal and State authorities charged by law with granting gaming licenses and state certification.

Applicant's name _____

Applicant's signature _____

Applicant's title _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____

Notary Public

My Commission expires _____